

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34472

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1033**City **St. Louis**(No. **5418 A, Dakota Ave**)

File No.

Registered No. **8612**

St. Ward)

2. FULL NAME **Beccia Behrle**(a) Residence, No. **5418 A Dakota** St. **15** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Joseph Behrle		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1845		
7. AGE 87	YEARS 11	MONTHS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	13. NAME Henry Welter
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	15. MAIDEN NAME Unknown
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
	17. INFORMANT (ADDRESS) Edward Behrle 4458 S. Vanicay
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Oct 4, 1933	
19. UNDERTAKER (ADDRESS) Thiegehauser, Mortuaries 4128 S. Ruff Highway	
20. F. Oct 5 1933 J. J. Bredeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1933 to Oct 1, 1933
I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows: Chronic interstitial nephritis Date of onset 5 years
Other contributory causes of importance:
Name of operation none Date of no
What test confirmed diagnosis none Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) W. P. Moore M. D.
(Address) 1336 Franklin Ave

1354 Franklin